



12-24-02

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PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/ 770,410
Filing Date	1-25-01
First Named Inventor	HUBER
Group Art Unit	
Examiner Name	
Attorney Docket Number	P-576

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Termination of employment with Transgenomic, Inc.

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1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

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Place Customer Number  
Bar Code Label here

OR

☒ Firm or  
Individual Name

Keith Johnson, Esq.

Transgenomic, Inc.

Address

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Address

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City

Tel: (402) 452-5487

State

ZIP

Country

Fax: (402) 452-5447

Telephone

Fax

☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number \_\_\_\_\_

This request is enclosed in triplicate (including any attachments).

Name

John F. Brady

Reg. No 39,118

Signature

John F. Brady

Date

23 Dec 02

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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JOHN BRADY  
 Typed or printed name of person of signing. Certificate

SB/83 (111)

Attorney Docket Nos:

P 179  
 P 408  
 P 428  
 P 432  
 P 457  
 P 515  
 P 554  
 P 576 ✓  
 P 633  
 P 656  
 P 663  
 P 710  
 P 725  
 P 733  
 P 744

P-221  
 P 375  
 P 457  
 P 498  
 P 514  
 P 582  
 P 633  
 P 649  
 P 661  
 P 662  
 P 664  
 P 690  
 P 691

P 692  
 P 693  
 P 705  
 P 707  
 P 715  
 P 720  
 P 725  
 P 731  
 P 732  
 P 738  
 P 741  
 P 746  
 P 758

must identify